

NEW JERSEY STATE DEPARTMENT OF EDUCATION
OFFICE OF CRIMINAL HISTORY REVIEW
TRANSMITTAL FORM
NONPUBLIC SCHOOL
SCHOOL BUS DRIVER

(Type or print in ink)

INSTRUCTIONS

1. Enter name and address of submitting nonpublic school, include identifying code number for county, four digit and three digit school codes.
2. Enter name, title, and signature of nonpublic school administrator submitting transmittal.
3. Enter date of submission.
4. Complete Employee Roster by listing each submitted employee alphabetically.
5. Retain the nonpublic school copy of all pages and forward the remainder along with applicant's completed State and Federal fingerprint cards, Applicant Authorization and Certification form, and payment, to the address below:

TRANSMITTAL

TO: OFFICE OF CRIMINAL HISTORY REVIEW
NEW JERSEY STATE DEPARTMENT OF EDUCATION
225 West State Street
CN 500
Trenton, New Jersey 08625

FROM: _____
County Name Code School Name Code School Code

Street Address City State Zip Code

Submitted herewith is the name and social security number of each nonpublic school applicant hired in accordance with the provisions of *N.J.S.A. 18A:6-4.13 et seq.*

Name (Print or Type) Title Telephone #

Signature Date

COPY DISTRIBUTION: WHITE-DEPT. OF EDUCATION CANARY-DUPLICATE PINK-NONPUBLIC SCHOOL GOLDENROD-DUPLICATE